



Residential Remodel Building Permit Application

City of Maple Grove

***Fax 763-494-6417 Phone 763-494-6060
12800 Arbor Lakes Pkwy, P.O. Box 1180
Maple Grove, MN 55311***

For Office Use Only

Permit # _____

Permit Cost _____

Date Received _____

Applicable Code: 2015 MN Residential Code

Job Site Address: _____

Legal Description: Lot _____ Block _____ Addition _____

PROPERTY OWNER

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone #:** _____

CONTRACTOR

Company Name: _____

License #: _____ **Exp. Date:** _____ **Lead Certification#:** _____ **Exp. Date:** _____

Contact Person: _____ **Phone #:** _____ **Email:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Office Phone #:** _____

PERMIT TYPE

<input type="checkbox"/> Addition <input type="checkbox"/> Dwelling Addn. <input type="checkbox"/> Porch/deck <input type="checkbox"/> Garage/Shed <input type="checkbox"/> Pool	<input type="checkbox"/> Alteration <input type="checkbox"/> Interior remodeling <input type="checkbox"/> Basement finish	<input type="checkbox"/> Repair (Water/fire damage, foundations, etc.)	<input type="checkbox"/> Demo \$50 <input type="checkbox"/> Move \$200 <input type="checkbox"/> Other _____
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Description of work: _____

PRINCIPAL USE OF STRUCTURE

<input type="checkbox"/> Single Family	<input type="checkbox"/> Two Family	<input type="checkbox"/> Town House
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Submittal Requirements on Reverse Side

NOTE: Plans and supporting documents that you submit are considered to be public information. Portions of the information may be classified as non-public if you provide specific reasons that would permit the City to conclude that they are trade secrets.

- ____ 2 Complete Sets of the Plan
- ____ Energy Calculations (if applicable) – 1 copy
- ____ 1 set of all Engineered Truss Details and Engineered Beam Calculations Designs – (if applicable)
- ____ 2 Copies of the Survey with Proposed Addition (deck, porch, addition, swimming pool, etc) drawn on survey

Estimated Value of Work Performed _____

Fees and plan review are based on 2015 MN State Building Code.

Permit becomes void if the work does not begin within 180 days or is suspended at any time for over 180 days.

Permits issued and inspections made by the City are a public service and do not constitute any representation, guarantee or warranty, either implied or expressed, to any person as to the condition of the building or conformance to applicable construction codes. The undersigned acknowledges that this application had been read and that the above is correct and agrees to comply with all the ordinances and laws of the City of Maple Grove.

Periodic and/or final inspection of this work is required by the Minnesota State Building Code. **It is the responsibility of the applicant/permit holder to call the Maple Grove Building Department at 763-494-6060 to schedule an inspection.**

I hereby apply for a building permit and acknowledge that the information above is complete and accurate. I understand that this is not a permit and work is not to start without a permit. I understand that the permit will expire and become null and void if the work does not begin within 180 days or is suspended at any time for 180 days. I acknowledge that I am responsible to call for all required inspections and insuring that all work will be done in compliance with the ordinances of the City of Maple Grove and the laws of the State of Minnesota.

Applicant's Signature _____ **Date** _____

**WE ACCEPT MASTERCARD, VISA, DISCOVER, and AMEX
FOR PERMIT FEES TOTALING LESS THAN \$1000**

This information will be destroyed after the permit has been processed.

Under Minnesota law the information provided on this application is considered public and is available to anyone, except for the following:

The information regarding your credit card is private and will be provided only to you and to those people necessary to process your payment. This includes city employees who process your payment and employees of applicable financial institutions. You are not required to provide your credit card information if you want to pay by another method. However, if you choose to pay by credit card you must provide your credit card information to pay the appropriate fee. Otherwise, your application will not be processed.

To Pay By Credit Card MasterCard Visa, Discover, or AMEX	Name as it appears on card: _____
	Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> AMEX
	Expiration Date: ____/____/____
	Account Number: _____
	CVC # _____
	Signature: _____ Date: _____
	Billing Address: _____
City: _____ State: _____ Zip Code _____	

Notice: Faxed applications will be processed within 24 hours of receipt of application and NOT processed without credit card information completed.